



# PROVIDER INQUIRER

June 1<sup>st</sup>, 2005

[www.michigan.gov/mdch](http://www.michigan.gov/mdch)

## Featured Articles

### Page 1:

- Medicaid Eligibility on web-DENIS

### Page 2:

- What's New: Adminastar Crossover Claims

### Page 3:

- Research and Analysis
- Provider Inquiry Voicemail

## Medicaid Eligibility on web-DENIS

Blue Cross Blue Shield of Michigan (BCBSM) and the Michigan Department of Community Healthy (MDCH) are pleased to announce a joint development effort to offer eligible providers access to Medicaid beneficiary eligibility and benefit information via web-DENIS.

To access Medicaid Eligibility data via web-DENIS:

1. Log into web-DENIS.
2. Select "Subscriber Info" from the main menu.
3. Select "Eligibility/Coverage/COB".
4. Enter the Beneficiary ID in the Contract Number field.
5. Select the "Medicaid" radio button in the Line of Business field.
6. Select Enter.
7. Enter your Medicaid provider ID in the input fields as labeled.
8. Enter the date of service that you are inquiring on. The entire month of eligibility will be returned to you.
9. Select "Enter" to begin your search.

This information became available April 29, 2005 for participating BCBSM members. If you are not a BCBSM participating provider, you may still view the web-DENIS information at the website given below. This will give you contact information and allow you to become set up through the BCBSM web-DENIS system.

Through web-DENIS providers will be able to view up to one year of Medicaid eligibility, as well as Third Party Liability information. If BCBSM is the other payer, you will be linked directly to that eligibility by selecting the BCBSM Contract Number given.

The MiHealth card is also shown on the web-DENIS system. It will be outlined in color, similar to BCBSM eligibility. The card will be outlined in green for active eligibility, red for inactive eligibility and yellow for pending coverage or if the Spend Down has not been met.

For more information, the BCBSM website gives additional web-DENIS information and a phone contact at [http://www.bcbsm.com/providers/systems/systems\\_webdenis.shtml](http://www.bcbsm.com/providers/systems/systems_webdenis.shtml).

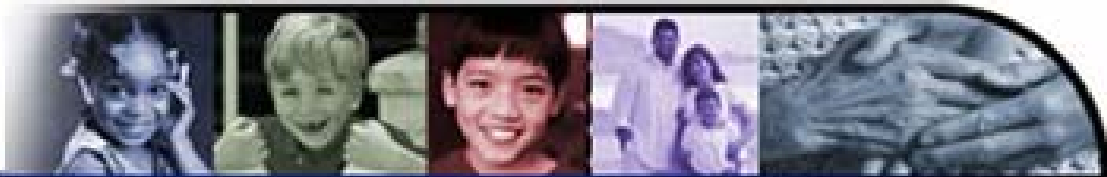


# PROVIDER INQUIRER

June 1<sup>st</sup>, 2005

[www.michigan.gov/mdch](http://www.michigan.gov/mdch)

## What's New



### Adminastar Crossover Claims

Beginning mid June 2005, providers that submit Medicare claims through Adminastar for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) can take advantage of the Medicare/Medicaid crossover process. Information regarding crossover claims was initially issued in Medicaid Policy Bulletin MSA 05-02. Another letter was sent out in May explaining the updated information of the crossover process.

This crossover process will benefit providers that submit claims electronically to Adminastar and then to Medicaid. With the crossover process, providers will only need to submit one claim to Adminastar and Adminastar will then forward the claim to Medicaid for processing. This process will help to alleviate duplicate processing costs and coding of secondary claims.

Medicaid has also updated the Frequent Asked Question (FAQ) list at our website. The additions that were made to this document included information that pertains to WPS as well as Adminastar crossover claims. To view the FAQ listing, please visit [www.michigan.gov/mdch](http://www.michigan.gov/mdch) >> Providers >> Information for Medicaid Providers >> Provider Updates

Just so providers are aware, you will need to work with your billing agents to make the appropriate changes for the crossover process to be a success. In order for Medicaid to properly adjudicate the crossover claim, the claim sent to Adminastar must include the 9-digit Medicaid ID in addition to the Medicare ID.

Without the provider information Medicaid will not be able to identify the provider, and therefore will not be able to report the information back to the provider via the Remittance Advice.

If you have any billing questions with the crossover process, please contact the Provider Inquiry line at 1-800-292-2550. If you have any electronic questions about the crossover process please email [AutomatedBilling@michigan.gov](mailto:AutomatedBilling@michigan.gov).



# PROVIDER INQUIRER

June 1<sup>st</sup>, 2005

[www.michigan.gov/mdch](http://www.michigan.gov/mdch)

## Research and Analysis

Research and Analysis is utilized to resolve complex provider issues. If you are having problems with a Medicaid claim, please contact Provider Inquiry who will direct you to Research and Analysis if your issues are complex. The toll-free number for Provider Inquiry is 1-800-292-2550.

Once you have been instructed to submit your claims to Research and Analysis, please forward the claims, EOB's and Remittance Advice, along with any other pertinent information required to review the claim. In addition, a cover letter is required clearly explaining the situation and what steps have been done to resolve the issue.

Make sure to indicate any contact with a Provider Inquiry representative and give the names of the representative(s) you have been in contact with.

If a non-complex issue has been forwarded to Research and Analysis or all proper methods were not utilized your claims will be returned.

If you have been instructed to submit your claims to Research and Analysis, please forward the required information to:

Research and Analysis  
P.O. Box 30731  
Lansing, MI 48909-8231

## Provider Inquiry Voicemail

MDCH offers a voicemail option through the Provider Inquiry Unit that providers may take advantage of. When calling the Provider Inquiry line, if you are experiencing a long wait, you may choose to leave a voice message instead.

However, the Provider Inquiry Unit has greatly reduced the hold time over the last six months and asks that providers wait patiently for a representative. If you would prefer to leave a voice message, a Medicaid representative will contact you back.

Please be aware that due to the volume of calls and changes in schedules, the return time could be 7-10 business days. Therefore if you choose the option to leave a voicemail, please be patient as a Medicaid representative is researching your information and they will contact you back within 10 business days.